

PRINTED: 09/12/2013
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - BOULEVARD TERRACE NURSING HOME B. WING: _____	(X3) DATE SURVEY COMPLETED 09/10/2013
NAME OF PROVIDER OR SUPPLIER BOULEVARD TERRACE REHABILITATION AND		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the conditions of the physical plant of overall Nursing Home environment The finding included: On 9/10/13 at 2:05 PM observation at the rear of the building behind the 'A' hall East revealed the roof gutter was broken and the water had created a puddle next to the building. The finding was acknowledged by the Administrator and verified by the Maintenance Director during exit interview on 9/10/13.	N 831	N831 Building standards <u>Residents Affected/Potentially Affected by the Cited Deficient Practice:</u> No specific residents were identified. <u>Identification of Other Residents Potentially Affected:</u> Resident residing in the facility have the potential to be affected. <u>Measures/Systemic Changes Implemented:</u> Audit weekly X4 then monthly X3 by Maintenance Director of roof gutters for leaks or breaks. <u>Monitoring:</u> These findings will be presented by Maintenance in the monthly Quality Assurance Committee monthly x3 months which is attended by the Executive Director, Director of Nursing, Medical director, Social Services, Activity Director to determine compliance.	10/24/13
N 901	1200-8-6-.09(1) Life Safety (1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.	N 901		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6499

VOZY21

If continuation sheet 1 of 2

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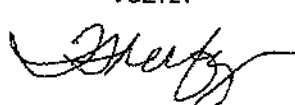
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N 901	Continued From page 1 This Rule is not met as evidenced by: Based on testing and observations, it was determined facility failed to comply with the applicable building and fire safety regulations. The finding included: On 9/10/13 at 11:05 AM testing revealed the night lights in rooms 21 and 28 were not working. The finding was acknowledged by the Administrator and verified by the Maintenance Director during exit interview on 9/10/13.	N 901	N901 Building standards <u>Residents Affected/Potentially Affected by the Cited Deficient Practice:</u> Room 21 and 28 night light replaced. <u>Identification of Other Residents Potentially Affected:</u> Resident residing in the facility have the potential to be affected. <u>Measures/Systemic Changes Implemented:</u> Audit weekly X4 then monthly X3 by Maintenance Director of night lights by Maintenance. <u>Monitoring:</u> These findings will be presented by Maintenance in the monthly Quality Assurance Committee monthly x3 months which is attended by the Executive Director, Director of Nursing, Medical director, Social Services, Activity Director to determine compliance.	10/24/13

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If continuation sheet 2 of 2



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